

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE  
 Commissioner for Patents  
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 Fax (703)746-4000

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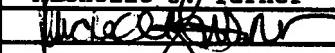
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SCHWABE, WILLIAMSON & WYATT, P.C.  
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

|  |                    |
|--|--------------------|
| Michelle J. Turner   | (Depositor's name) |
|  |                    |
| (Signature)  |                    |
| February 14, 2003  | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/690,679      | 10/16/2000  | Eric Engstrom        | 51003.P026          | 3411             |

TITLE OF INVENTION: MOBILE DIGITAL COMMUNICATION/COMPUTING DEVICE INCLUDING HEART RATE MONITOR

| APPLN. TYPE    | SMALL ENTITY                            | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|---|-----------|-----------------|------------------|------------|
| nonprovisional | <input checked="" type="checkbox"/> YES | \$640     | \$0             | \$640            | 03/03/2003 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| SOBUTKA, PHILIP | 2683     | 455-066000     |

|  |  |
|--|--|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   | 2. For printing on the patent front page, list (1) Schwabe, Williamson & Wyatt, P.C. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  | 2. _____   |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 3. _____   |

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Xoucin, Inc.

Kirkland, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies

10

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A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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(Authorized Signature)

(Date)

Aloysius T.C. AuYeung Reg. No. 35,432 02/14/03

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02/27/2003 BSAYAS12 00000048 09690679

01 FC:2501

650.00 DP

02 FC:8001

30.00 DP

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